

C.H.I.P Health and Dental Co-Payment Schedule:

Molina Health Care – 801-858-0400, or toll-free at 1-888-483-0760

Public Employees Health Program (PEHP) – 801-366-7555, or toll-free at 1-800-765-7347

Public Employees Dental Program (PEDP) – 801-366-7555, or toll-free at 1-800-765-7347

| BENEFIT | Plan A: Your CHIP ID card will list which plan you are on. | Plan B: Your CHIP ID card will list which plan you are on. |
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| Out of Pocket Maximum (including medical, dental, prescriptions and premiums) | 5% of family's gross annual income | 5% of family's gross annual income |
| Office Visit or Urgent Care Center Visit | \$3 co-pay per visit (No co-pay required for well child exams) | \$15 co-pay per visit (No co-pay required for well child exams) |
| Immunizations and Well Child Exams | No co-pay, plan pays 100% | No co-pay, plan pays 100% |
| Emergency Room | \$3 co-pay per visit for emergencies | \$35 co-pay per visit for emergencies |
| Pre-existing Condition Waiting Period | No Waiting Period | No Waiting Period |
| Pharmacy | \$1 per prescription for formulary drug \$3 per prescription for non-formulary drug | \$5 per prescription for formulary drug; 50% of allowed amount for non-formulary drug |
| Laboratory | \$1 co-pay if less than \$50; \$2 co-pay if more than \$50 | \$5 co-pay if less than \$50; Plan pays 90% if more than \$50 |
| X-rays | \$1 co-pay if less than \$100; \$3 co-pay if more than \$100 | \$5 co-pay if less than \$100; Plan pays 90% if more than \$100 |
| Outpatient hospital | \$3 co-pay | Plan pays 90% |
| Inpatient hospital | \$3 co-pay | Plan pays 90% |
| Surgeon | Plan pays 100% | Plan pays 100% |
| Hospital Inpatient and Outpatient Physician Visits | \$3 co-pay | \$15 co-pay |
| Ambulance - Ground and Air | Plan pays 100% | Plan pays 100% |
| Medical equipment and Supplies | Plan pays 100% | Plan pays 80% |

LIMITED BENEFITS (The following benefits are limited, please contact your CHIP health plan for additional information.)

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| Dental Services <ul style="list-style-type: none"> - Cleaning, exams, & fluoride - Selected x-rays & sealants - Selected fillings, space maintainers, pulpotomies, & stainless steel crowns* * Restorative dental services are effective as of July 1, 2003. | Plan pays 100% for cleanings, exams, fluoride, and selected x-rays and sealants. \$3 co-pay for selected space maintainers, fillings, extractions, pulpotomies, and stainless steel crowns*. | Plan pays 100% for cleanings, exams, fluoride, and selected x-rays and sealants. Plan pays 80% for selected space maintainers, fillings, extractions, pulpotomies, and stainless steel crowns*. (Please refer to your PEDP benefits handbook or contact PEDP for specific costs of services not covered at 100%) |
| Hearing Screening | Plan pays \$30 per child for hearing screening, limit of one screening every 12 months | Plan pays \$30 per child for hearing screening, limit of one screening every 12 months |
| Vision Screening | Plan pays \$30 per child for eye exams, limit of one exam every 12 months | Plan pays \$30 per child for eye exams, limit of one exam every 12 months |
| Mental Health and Substance Abuse (combined totals) | Inpatient - \$3 co-pay for each visit 30 days per plan year, per child limit Outpatient - \$3 co-pay for each visit 30 visits per child, per plan year limit (Inpatient/Outpatient conversion available) | Inpatient - Plan pays 90% for the first 10 days, 50% for the next 20 days 30 days per child, per plan year limit Outpatient - Plan pays 50% per visit 30 visits per child, per plan year limit (Inpatient/Outpatient conversion available) |
| Physical, Occupational, and Chiropractic Therapy (combined totals) | \$3 co-pay per visit, 16 visits total per plan year, per child | \$15 co-pay per visit, 16 visits total per plan year, per child |

Note: This is a summary only and plan restrictions may apply. Please contact your plan for specific plan requirements.

Revised: 7/03